

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 194
Registered No. 89

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Baby Guzman { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. L 4. Twin, triplet or other. L 6. Legitimate? yes 7. Date of birth Apr. 30, 1927
Month Day Year

8. FATHER Full name Louis Guzman 14. MOTHER Full maiden name Ony Siquiros

9. Residence (Usual place of abode) Globe, Arizona 15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state. If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 36 (Years) 16. Color or race Mexican 17. Age at last birthday 36 (Years)

12. Birthplace (city or place) El Paso, Texas 18. Birthplace (city or place) Mexico
(State or country) (State or country)

13. Occupation Miner 19. Occupation Housewife
Nature of Industry Nature of Industry

20. Number of children of this mother seven (a) Born alive and now living six
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead none
(c) Stillborn one 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn at 6:45 p. m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature I. S. Harper
Physician
(Physician or midwife).

Given name added from a supplemental report _____ Address Globe, Arizona

Month, day, year _____ Filed 4-30, 1927 M. D. Hart
Registrar Registrar

075-430-322